



Government of South Australia  
Department for Education

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## YEAR 1-6 REGISTRATION OF INTEREST

### STUDENT PERSONAL DETAILS

Student #1

Family Name \_\_\_\_\_ Year Level in 20\_\_\_\_  
Given Names \_\_\_\_\_ Reception  
Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ or

Previous School or Kindergarten? \_\_\_\_\_ Year \_\_\_\_\_  
*If overseas, nominate country. If interstate, nominate state.*

Country of birth \_\_\_\_\_ Visa sub-class (If applicable) \_\_\_\_\_  
Does the child identify as Aboriginal and/or Torres Strait Islander? 0 YES 0 NO

Student #2

Family Name \_\_\_\_\_ Year Level in 20\_\_\_\_  
Given Names \_\_\_\_\_ Reception  
Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ or

Previous School or Kindergarten? \_\_\_\_\_ Year \_\_\_\_\_  
*If overseas, nominate country. If interstate, nominate state.*

Country of birth \_\_\_\_\_ Visa sub-class (If applicable) \_\_\_\_\_  
Does the child identify as Aboriginal and/or Torres Strait Islander? 0 YES 0 NO

Student #3

Family Name: \_\_\_\_\_ Year Level in 20\_\_\_\_  
Given Names: \_\_\_\_\_ Reception  
Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ or

Previous School or Kindergarten? \_\_\_\_\_ Year \_\_\_\_\_  
*If overseas, nominate country. If interstate, nominate state.*

Country of birth \_\_\_\_\_ Visa sub-class (If applicable) \_\_\_\_\_  
Does the child identify as Aboriginal and/or Torres Strait Islander? 0 YES 0 NO

### PARENT/GUARDIAN DETAILS

Mr / Mrs / Ms / Dr / Other: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Gender: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mr / Mrs / Ms / Dr / Other: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Gender: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### RESIDENTIAL DETAILS

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

